

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9	1						
10		1					
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48							
49							
50							
TOTAL IND.	4						
TOTAL DEP.	20		←	↓	←	↓	←
TOTAL CLAIMS	24						

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			←	↓			
TOTAL DEP.			←	↓	←	↓	←
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS